

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

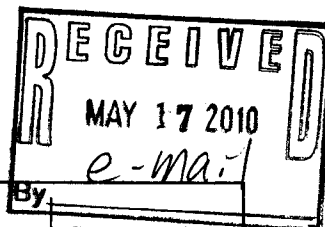
File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form



COMMITTEE NAME (Must be same as on Statement of Organization)

R. Billings for State House

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Roger D. Billings

Political Party (if applicable)

Republican

Office Sought

Representative State House

District (if Senate or House)

73

FORM DR-2 (Rev. 12/2009)	By <u>e-mail</u>	DISCLOSURE REPORT
For Office Use Only		
Comm. #	<u>1839</u>	
Logged In	<input checked="" type="checkbox"/>	
Scanned	<input type="checkbox"/>	
Computer	<input type="checkbox"/>	
Audited	<input type="checkbox"/>	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Roger D. Billings
SIGNATURE OF PERSON FILING REPORT

515-205-6794
TELEPHONE

5/17/10
DATE SIGNED

I AM FILING A 1Q Campaign Disclosure Report REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1,141.57

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

300.14

Schedule F: Loans Received total (Attach Schedule F)

7,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 8,441.71

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

6,235.32

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 2,206.39

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 2,650.95

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 7,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

R. Billings for Sate House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
01/14/10	ID# CK#	John Wilcox 560 N. E. 6th St. Earlham, IA. 50072	none	\$100.00	<input type="checkbox"/>
02/12/10	ID# CK#	Pay Pal Bank Verification	none	\$0.14	<input type="checkbox"/>
03/08/10	ID# CK#	John A. Savage 131615 169th Lane Indianola, IA. 50125	none	\$ 100.00	<input type="checkbox"/>
04/19/10	ID# CK#	Darrell Bowman PO Box 421 Redfield, IA. 50233	none	\$ 50.00	<input type="checkbox"/>
04/20/10	ID# CK#	Douglas T. Pine 14308 S-23 Hwy Milo, IA. 50166-6702	none	\$ 50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 300.14

TOTAL (if last page of this schedule)

\$ 300.14

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reprint Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

R. Billings for State House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/13/10	ID# CK#	Copy Plus 116 W.Ashland Indianola,IA.50125	Flyers (ck# 3003)	\$ 233.20
01/22/10	ID# CK#	dlhGrafx 604 N. Jefferson, Indianola,IA. 50125	signs (ck#3004)	\$ 173.85
02/12/10	ID# CK#	dlhGrafx 604 N. Jefferson, Indianola,IA. 50125	signs (ck# 3005)	\$ 78.45
03/01/10	ID# CK#	Posh Designworks PO Box 66022 W.Des Moines , IA. 50265	mailers (ck# 3006)	\$ 1966.98
04/05/10	ID# CK#	Posh Designworks PO Box 66022 W.Des Moines , IA. 50265	web site design work (ck# 3007)	\$ 9.00
04/12/10	ID# CK#	Christian Printers 1411 21st St. Des Moines, IA. 50311	Campaign Flyers (ck# 3008)	\$ 519.40
04/12/10	ID# CK#	dlhGrafx 604 N. Jefferson, Indianola,IA. 50125	Yard signs and stakes (ck# 3009)	\$ 2870.84
05/13/10	ID# CK#	Van Ginkel 2208 Ingersol Avee. Des Moines, IA. 50312	Yard signs (ck# 3010)	\$169.60
SUB-TOTAL				\$ 6021.32
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

R. Billings for State House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/19/10	ID# CK#	Constant Contact	internet service	\$ 108.00
01/26/10	ID# CK#	Highrise Site 400 N. May St. #301 Chicago, ILL. 60622	intrnet service renewal	\$ 19.00
02/16/10	ID# CK#	Highrise Site 400 N. May St. #301 Chicago, ILL. 60622	intrnet service renewal	\$ 29.00
03/29/10	ID# CK#	Highrise Site 400 N. May St. #301 Chicago, ILL. 60622	intrnet service renewal	\$ 29.00
04/26/10	ID# CK#	Highrise Site 400 N. May St. #301 Chicago, ILL. 60622	intrnet service renewal	\$ 29.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 214.00
TOTAL (If last page of this schedule)				\$ 6235.32

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
R. Billings for State House

Revised Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
03/08/10	Jaci and Jody Taylor 400 Stansell St. New Virginia, IA. 50210	none	Greet and Meet Expenses	\$ 138.00	<input type="checkbox"/>
1Q 2010	Roger Billings 16994 Little Lake Trail Indianola, IA. 50125	self	Travel mileage 4569 miles @ .55	2,512.95	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 2,650.95	
TOTAL (if last page of this schedule)				\$ 2,650.95	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

RESERVED

COMMITTEE NAME (Must be same as on Statement of Organization)

R. Billings for State House

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
02/28/10	Roger D. Billings and Judy E. Billings 16994 Little Lake Trail Indianola, IA. 50125	self and wife	\$ 2000.00
03/25/10	Roger D. Billings and Judy E. Billings 16994 Little Lake Trail Indianola, IA. 50125	self and wife	\$ 5000.00

TOTAL (PART I) \$ 7000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00

From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 7000.00

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(for Schedule F)